



APPLICATION FOR REAL ESTATE APPRAISER PERMIT FOR TEMPORARY PRACTICE

State Form 45664 (R5 / 2-03)

Approved by State Board of Accounts, 2003

Indiana Professional Licensing Agency
302 W. Washington Street, Room E034
Indianapolis, IN 46204
Telephone: (317) 232-2980
<http://www.in.gov/pla>

FOR OFFICE USE ONLY

Permit number

INSTRUCTIONS: 1. Type or print in ink.

2. Applicant must read Real Estate Appraiser Licensure and Certification statute and rules before completing and filing the application.

FEE: \$50.00

3. Pay the fee of \$50.00 (*fee is nonrefundable and nontransferable pursuant to IC 25-1-8-2(e)*).

Application for Permit for Temporary Practice for:

☐ Indiana licensed residential appraiser ☐ Indiana certified residential appraiser ☐ Indiana certified general appraiser

Have you ever applied to the Indiana Real Estate Appraiser Licensure and Certification Board for a permit for temporary practice?

☐ Yes ☐ No

If yes, how many times previous to this application and the issuance date(s)?

Pursuant to 876 IAC 3-3-21, the board will recognize, on a temporary basis, the license or certificate of an appraiser issued by another state, providing the following:

1. The appraiser's business is of a temporary nature.
2. The appraiser registers with the board; and
3. The license or certificate issued by the other state is appropriate for the type of property to be appraised.

Each temporary license or certificate is limited to performing the appraisals or specialized services required by the contract for appraisal services. Temporary privileges expire upon the completion of the work required by the assignment or specialized service, or after six (6) months, whichever is earlier. No more than three (3) different temporary licenses may be issued per calendar year. An applicant may not advertise or hold out as an Indiana licensed or certified appraiser. The appraiser agrees to abide by the Indiana statute and rules regulating appraisers. By filing this application, the applicant hereby consents to service of process in Indiana. ***A document attesting to licensure from the board in the state or states in which the appraiser is licensed shall accompany this application.***

(Letter of good standing)

Name of applicant (*first, middle, last*)

Date (*month, day, year*)

Name of appraisal business

Appraisal business mailing address (*number and street, city, state and ZIP code*)

Telephone number

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Social Security number *

* You Social Security number is mandatory in accordance with IC 4-1-8-1. This record cannot be processed without it.

ASSIGNMENT INFORMATION

Assignment address (*number and street, city, street, ZIP code*)

Description of property (*number of units, size, site description, type; retail, multi-family, industrial, etc.*)

Date project will begin (*month, day, year*)

How long will your assignment take? (*indicate days, weeks, or months*)

CURRENT EMPLOYER

Name of company

Address (*number and street, city, state, ZIP code*)

Telephone number

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LICENSURE STATUS

Type of license you hold

License issued by the state of:

Have you been denied an appraiser license or denied admission to an appraiser examination by this state or any other state?

☐ Yes ☐ No (*If yes, provide a copy of the licensing board denial*)

Have you had an appraiser license suspended or revoked by this state or any other state?

☐ Yes ☐ No (*If yes, provide a copy of the licensing board order*)

Have you ever been convicted of a crime?

☐ Yes ☐ No (*If yes, provide a copy of the court order, any pertinent documents, and a written explanation of the circumstances.*)

Do you understand that continuing to practice appraising after the expiration date of the Permit for Temporary Practice is a violation?

☐ Yes ☐ No

(over)

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____

SS:

I, _____, first being duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of residence

Date commission expires